

POSITION	ID NO.	DATE
CLASSIFIER	7	4-7-93
EXAMINER	308	4-9-93
TYPIST	345	4/12/93
VERIFIER	85	4/13/93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

### INDEX OF CLAIMS

Claim	Date
Final Original	
1	✓ 9/24/93
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11	✓
12	✓
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SYMBOLS  
 ✓ ..... Rejected  
 = ..... Allowed  
 - (Through numbers) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
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